

## **MULTIFAMILY PROFILE UPDATE FORM**

Department of Housing and Community Affairs, Licensing and Registration  
100 Maryland Avenue, Room 260, Rockville, Maryland 20850  
**240-777-3666      FAX 240-777-3699**

Community Name:  
License#:

Date:

**Thank you for your assistance in confirming/correcting current license information.**

<b>CURRENT INFORMATION ON FILE</b>	<b>CORRECTED INFORMATION</b>
<b>Number of Residential Rental Units:</b>	<b>Number of Residential Rental Units:</b>
<b>Emergency Phone#:</b>	<b>Emergency Phone#:</b>
<b>Ownership Type:</b> <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Trust	<b>Ownership Type:</b> (select only one) <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Trust
<b>Owner Name:</b>	<b>Owner Name:</b>
<b>Primary Contact Information:</b> (sole proprietor, corporation, partnership, LLC or Trust should be listed here)	<b>Primary Contact Information:</b> First Name/Last Name _____ Address _____ _____ Day Phone _____ Cell Phone _____ Fax _____ Email _____
<b>Administrative Agent:</b> (contact for business purposes, such as annual license renewal)	<b>Administrative Agent:</b> Company Name _____ Contact Name _____ Address _____ _____ Day Phone _____ Cell Phone _____ Fax _____ Email _____
<b>Management:</b> (day-to-day management of rental facility)	<b>Management:</b> Company Name _____ Contact Name _____ Address _____ _____ Day Phone _____ Cell Phone _____ Fax _____ Email _____
<b>Legal Agent:</b> (to receive legal service of process on behalf of owner. Must be an individual; within State of Maryland)	<b>Legal Agent:</b> First Name/Last Name _____ Address _____ _____ Day Phone _____ Cell Phone _____ Fax _____ Email _____

**Signature of Primary Contact**

\_\_\_\_\_  
Primary Contact Name

\_\_\_\_\_  
Primary Contact Signature

\_\_\_\_\_  
Date